

ISSUE SLIP STAMP AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | AS | | 10/21/84 |
| O.I.P.E. CLASSIFIER | | 18 | 10/26/89 |
| FORMALITY REVIEW | | 6805 | 11-4-89 |

INDEX OF CLAIMS

✓ ----- Rejected N ----- Non-elected
 = ----- Allowed I ----- Interference
 - (Through numeral) ----- Canceled A ----- Appeal
 + ----- Restricted O ----- Objected

| Claim | Date |
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Best Available Copy More than 150 claims or 10 actions
 sheet additional sheet here

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